

**Officer Narrative**

Case Number:	16-6771
Date:	9/27/2016
Officer:	J.R. Zaehler
In Car Video:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Case Type: **Assault 4<sup>th</sup> Degree, Person in Crisis**


On 9-19-16 at approximately 1506 hours I was dispatched to an assault call located at 12844 Military Road South (Cascade Behavioral Hospital). I arrived at the location and contacted [REDACTED] who told me that at approximately 1330 hours he had been assaulted by a mental health patient at the location.

[REDACTED] told me he had been struck in the face by the patient (Later identified as [REDACTED]) while trying to administer medication to [REDACTED]. According to [REDACTED], he had attempted to administer oral medication to [REDACTED] and when he refused staff advised [REDACTED] that they would have to intravenously administer medication. This made [REDACTED] angry and [REDACTED] chased [REDACTED] out of his room, eventually cornering him and striking him in the face several times. I saw [REDACTED] had swollen lips and cuts inside of his mouth. [REDACTED] also had a loose front tooth. [REDACTED] stated all of the injuries were from [REDACTED] assaulting him. I took pictures of [REDACTED] which I later placed on the shared media drive.

[REDACTED] left the scene to go to the dentist but agreed to provide a written statement via email. I went into the psych ward to check [REDACTED]'s admittance paperwork (Only to see whether or not [REDACTED] was there involuntary or voluntary) and to speak with [REDACTED]. [REDACTED]'s paperwork stated he was at the hospital involuntarily due to a KC Mental Health Court order. I attempted to speak with [REDACTED] but due to his mental health symptoms I was unable to communicate with him. I left the scene shortly after.

[REDACTED] provided a written statement via email which I have included with this report. I forwarded this case to the city prosecutor for review. I have no further information to report regarding this incident.

**CERTIFICATION:** I hereby certify (declare) under penalty of perjury under the laws of the state of Washington that this report is true and correct to the best of my knowledge and belief (RCW 9A.72.085).

	206	9-27-16	TUKWILA WA
OFFICER'S SIGNATURE	BADGE #	DATE SIGNED	PLACE SIGNED

Approving Supervisor:  Date: \_\_\_\_\_